

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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49						
50						
TOTAL IND.	1					
TOTAL DEP.		12				
TOTAL CLAIMS	13					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								